

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Dana E. Blackwell Executive Director COMMISSIONERS:
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DR. LA-DORIS MCCLANEY
SANDRA RUDNICK
ADELINA SORKIN, LCSW/ACSW
DR. HARRIETTE F. WILLIAMS, CHAIR

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **February 7, 2005**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi Phalen G. Hurewitz Daisy Ma Dr. La-Doris McClaney Adelina Sorkin Dr. Harriette Williams

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry Joyce Fahey Helen Kleinberg Sandra Rudnick

APPROVAL OF THE AGENDA

The agenda for the February 7, 2005 meeting was unanimously approved.

CHAIR'S REPORT:

Chair Williams announced that a Chair's meeting was held prior to the general meeting.
The Commission will continue to work on implementation issues with respect to the work
group reports and discuss whether any action will take place with respect to the Board of
Supervisors.

DIRECTOR'S REPORT

• Dr. Sanders reported that the concurrent planning redesign rollout will begin later this month. The first office slated for rollout is the Lakewood office.

- Dr. Sanders confirmed Vice Chair Biondi's query about an increase of detentions during the month of January. He stated that there was an increase of 200 detentions. There was also an increase of calls into the hotline by 1,000. Dr. Sanders will continue to investigate.
- Commissioner Sorkin asked if the Department and DMH are working together to determine how the two agencies can join funds to service DCFS families with identified drug and alcohol problems. Dr. Sanders stated that there are two separate funding streams for drug and alcohol services: Promoting Safe and Stable Families (PSSF) and Family Preservation (FP). He stated that approximately \$3 million PSSF funds were allocated to drug and alcohol assessments. During the last Family Preservation contract, approximately \$3 million was allocated for mental health services. The funds allocated to mental health were under spent by \$1 million. Dr. Sanders has been working with Susan Kerr to determine the appropriate allocation for mental health services. As a result of those discussions, Dr. Sanders anticipates allocating fewer dollars to mental health through PSSF while trying to strengthen what the FP providers can do with respect to mental health. Additionally Dr. Sanders stated that there is an additional \$3 million available in the time-limited family reunification category of PSSF. These funds will go through the Department of Health Services (DHS). The Department is in the process of finalizing a Memorandum of Understanding (MOU) with DHS to provide guidance on how the services will be provided through the Community Assessment Service Centers (CASC). Services should begin in July 2005. Finally, the Department, through Jackie Acosta, is working with DMH on use of the Proposition 63 funds.
- Vice Chair Biondi commented on the focus and abundance of mental health assessments and the lack of services available once needs are identified, especially for youth in the delinquency system. Dr. Sanders stated that the Multi Disciplinary Assessment Team (MAT) piloted in SPAs 3 and 6 addresses the provision of services post assessment and will be monitored. Due to EPSDT funding, access to services should not be an issue despite its limitation. Vice Chair Biondi stated that youth in the delinquency system are not eligible for EPSDT funded services, thus Proposition 63 dollars are important for this population.
- Chair Williams asked if the new concurrent planning redesign includes relatives. Dr. Sanders stated that the intent of Point of Engagement is to identify relatives early in the placement process. Therefore when the case gets to the concurrent planning stage a relative should have already been identified and placement should have already occurred.
- In response to Chair Williams comments about the Department's ongoing efforts toward SPA alignment, Dr. Sanders stated that most other human service agencies are not in alignment with the SPAs, with the exception of DMH. The Department's efforts toward SPA alignment continues to move forward in spite of some challenges.

OLD BUSINESS:

<u>Point of Engagement</u>: Chair Williams referenced the December 14, 2004 Board of Supervisor approval of Supervisor Burke's motion to expand Point of Engagement (POE) and congratulated the Department on the recognition of the POE program. Dr. Russ Carr, Deputy Director provided the Commission with an overview of the POE program citing recommendations from the 1999 PriceWaterhouseCoopers audit as the impetus for the program's development. He characterized

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POE as a seamless and timely transfer between initial investigations to the actual delivery of services. The components necessary for the success of POE include: 1) the utilization of Structured Decision Making (SDM), 2) development of community partnership and resources, 3) utilization of alternative response system, 4) the utilization of team decision making and child safety conferences throughout the life of the case, 5) early engagement of the services worker, 6) joint referral response with community service agency to provide comprehensive assessments, 7) utilization of the MAT team.

Eric Marts, Compton Project Division Chief, explained that the Compton Project is the model for how all Department offices should operate in the future. Key features of the model include the utilization of the POE model, co-location of CSWs in schools, law enforcement agencies and community agencies, and the development of needed community resources. Mr. Marts provided data which demonstrated that detentions in the Compton office service area have been reduced by 70% over a six month period. The failed Voluntary Family Maintenance (VFM) cases have also been decreased. In response to Vice Chair Biondi, Mr. Marts indicated that he is interested in tracking dependent youth who crossover to the juvenile system and has begun pursuing the acquisition of such data from Dr. Devon Brooks. Vice Chair Biondi offered a resource for Mr. Marts.

Mr. Marts stated that approximately 176 families have been referred to Shields for Families (Shields) for mental health, domestic violence and drug and alcohol assessments and screenings. He believes that the ability to provide up-front assessments and immediate services is the reason for low detention rates. Shields' provide the assessments in the home. Family preservation services are for high risk families only because mental health dollars are limited. If a child must be detained, the MAT process is utilized and these children and families receive services on a prioritized basis. Commissioner Hurewitz commented on the need to replicate the services and comprehensive nature of Shields throughout the county and questioned the ability of the Department and the county to do so. Mr. Marts addressed the cost savings actualized by reducing detention rates and commented that he believes it is possible to replicate such an agency.

Commissioner Sorkin asked if the Department is capturing the CalWorks dollars when a child is detained and is eligible for this funding allocation. Mr. Marts responded yes and the process is made easier because Shields is aware of the funding streams available and accesses them on behalf of the client and CSW.

Vice Chair Biondi expressed her enthusiasm for the work that Mr. Marts and his team have accomplished and how the outcomes from this work can demonstrate to the juvenile system the cost savings and success that service provisions in lieu of detention can have.

In response to Chair Williams, Mr. Marts stated that when looking for a community agency to partner in the POE model he provided many agencies in SPA 6 with the scope of service needed and Shields was the only agency willing to provide the services. Dr. Sanders added that the Department is trying to learn lessons from POE and the Compton Project as they begin to structure the RFPs for PSSF and FP so that they understand that their role will be different from what it had been in the past. He believes that the biggest challenge for replication will be in helping agencies to understand and to recognize what is necessary to provide families with the needed services.

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Chair Williams asked if funding will hinder the successful implementation of POE. Dr. Sanders commented on the difference in demographics and detention histories among the various SPA populations so that rollout will look different in each SPA.

Commissioner Sorkin questioned the Department's rationale for identifying SPA 5 as the next implementation area when SPAs 1, 4, 7, and 2 have a greater number of children in care.

Dr. Sanders stated that likely portions of SPAs 4 and 3 will be included. He added that one of the major components being considered for implementation readiness is staffing. Those offices above 120% have been considered in rollout prioritization. Marilynne Garrison, POE Progam Manager, added that a readiness survey has been distributed to Regional Administrators to determine implementation readiness. The other readiness factors include: current utilization of team decision making, community partnerships, are the units configured to support front-end service delivery. Commissioner Sorkin understood the rationale from an operational standpoint, but questioned how staff is being supervised to move this model forward, especially in the high needs areas.

Dr. Sanders stated that SPA 1 has a high percentage of child placements as opposed to children from that SPA being detained. He added that CSWs and SCSWs recognize the need for culture change in order for the POE model to be successful. The Union has been supportive of the Department in their desire to move this forward. With the agreement of the Union, four offices will implement POE in April with the schedule for future implementation to be determined.

Romalis Taylor, Wateridge Regional Administrator, emphasized the enormity of the task to implement such a program. He commented on the need for culture change if POE is to be successful. He stated that Los Angeles is the first county in the state to implement the child welfare redesign. He pointed out that POE is a system redesign that requires a different mind set to implement the program successfully. An academy has been designed to help staff understand the necessity and importance of POE if outcomes for children and families are to be improved.

In response to Vice Chair Biondi, Mr. Marts stated that a combination FGDM and Family to Family is utilized during the child safety conferences. FGDM is utilized to bring about permanency for those youth who have been in long term foster care. In Compton 28 children have been returned home or to a relative.

Mr. Taylor stated that POE is an operational shift, placing services at the front end of the delivery system. Through alternative response, community partnerships have been established. Since the inception of POE at the Wateridge office, 652 children have received alternative response services. The services are provided for up to three months. Of these children only 163 have had a subsequent referral and only 44 required formal DCFS involvement of which 18 required court involvement. Mr. Taylor pointed to distributed statistics which demonstrated the dramatic reduction of detentions since his offices implementation of the POE model. There was a 48% reduction in detentions in July – December 2004 when compared to the same six month period in 2003. A similar 45% reduction was achieved during the months of January – June 2004 when compared to the same six month period in 2003.

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While Commissioner Biondi expressed the importance of keeping children home, she did comment on the dramatic decrease in detentions and questioned how the statistics were developed. Mr. Carr stated that Dr. Solomon and Jacquelyn McCroskey are seeking a grant to evaluate the POE program. Dr. Sanders added that the evaluation is critical to determine whether the outcomes are indeed reliable. He agreed that the examination of recidivism is important. He did however attribute the decrease in detention to the increase of families engaging in VFM. Finally, Mr. Marts attributed some of the decrease in detention rates to family team decision making and the culture change amongst staff – they are now looking at detention as a service of last resort.

Chair Williams asked about the progress of the intended co-location aspect of POE. Mr. Marts stated that Sheriff's Department is reviewing the MOU submitted by the Department and the letter to the BOS to approve the co-location in the schools is in development.

Marrilyn Garrison stated that the Katie A. Panel members made a site visit to the Compton office and witnessed a family going through the MAT process. She stated that the Panel is impressed with the POE model and documented their enthusiasm and support of the program moving forward in their September 2004 report to the court.

Since the rollout and implementation of POE was addressed earlier in the presentation, she briefly commented on the need for staff and office readiness if the model is to be successful. A timeline will be developed once the surveys have been received. Additionally, a revised curriculum with the IUC is being developed to support the success of POE implementation and ongoing implementation.

PUBLIC COMMENT

Gwen Bartholomew reported on the success of the annual relative care comedy night and noted that there were 244 relative providers in attendance. She attended the Generations United rally in Washington DC and announced that the next rally will take place September 13 and 14, 2005. She asked if the Department would pay for relatives to go to the conference through AB2129 funds. Finally she reported that she will be on KOST to speak to relative issues on February 23rd from noon to 12:30. Chair Williams asked that Ms. Bartholomew be agendized for an upcoming Commission meeting to fully up date the Commission on activities related to relative care.

MEETING ADJOURNED